

Substitute for form 1449/PTO		<b>COMPLETE IF KNOWN</b>		
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S)</b> <i>(Use as many sheets as necessary)</i>		Application Number	Unknown 10/809160	
		Filing Date	Herewith	
		First Named Inventor	Segal, et al.	
		Art Unit	Unknown 3679	
		Examiner Name	Unknown Aaron Dunwoody	
Sheet 1 of		Attorney Docket No.	DMNZ 2 00048	

#### U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No.	Document No. Number-Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No.	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T
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AM						
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#### OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume/issue number(s), publisher, city and/or country where published	T
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Examiner Signature	<i>Am</i> <i>D</i>	Date Considered	11/13/05
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